

MHA Request for Leave of Absence

Please complete and submit this form to Human Resources 30 days in advance of leave or as soon as possible.

Employee Information

Employee Name (First, last, Middle Initial)

Home Address:

City, State, Zip:

Job Title:

Program:

Absence Information

This is a new request.

This is an update to an existing request

Requested start date:

Anticipated return date:

Type of Leave

Consecutive Leave of Absence

Intermittent Absence (information required below)

For Intermittent Absences: Describe your intermittent or reduced work schedule. (Attach the explanation.)

This must be medically necessary and documented in a current medical certification form.

Reason(s) for Leave

Please indicate the applicable reason(s) for your leave below. If you require additional information about leave types and their qualifying criteria, see Section VI, Employee Handbook. Please check one below.

FMLA- Employee's own serious health condition (not work related)

FMLA- Care for ill parent, spouse or child

For leaves due to your own or a family member's serious health condition, a medical certification form is required.

A completed medical certification form is attached.

I will submit a medical certification form within 15 days to the HR Department.

FMLA- Military Caregiver- The appropriate FMLA form should be attached.

Medical Leave of Absence (non-FMLA)

Parental Leave (Care for newborn/placed child.)

Provide the anticipated date of birth or placement. _____

Military Leave- Military orders should be attached

Personal Leave (non-medical reason) Reason and supporting documentation should be attached.

Domestic Violence Leave: (See handbook for examples of acceptable documentation)

Other Leave (Explain)

Time Off

Depending on the type of leave, you may be required to use your accrued paid leave (PTO or sick leave).

Please check the appropriate requirements, and note your timesheet request below.

Type	Number of Hours	Dates: From	Dates: Through
PTO	_____	_____	_____
Sick Leave	_____	_____	_____
Leave w/o Pay	_____	_____	_____

Special instructions regarding hours:

I have verified that I have sufficient accrued leave to take the above requested paid leave.

Signatures

Employee Signature:

Date:

Supervisor Signature:

Date:

HR Approval/Denial:

Date:

HR Information